



CITY OF SAN ANTONIO
SAN ANTONIO WATER SYSTEM (SAWS)

AFFORDABILITY DISCOUNT PROGRAM

DEPARTMENT OF COMMUNITY INITIATIVES - COMMUNITY ACTION DIVISION

THE SAWS AFFORDABILITY DISCOUNT WILL BE APPLIED AS A CREDIT ON THE MONTHLY BILL AND WILL BE EFFECTIVE FROM THE DATE OF CERTIFICATION THROUGH THE END OF THE YEAR. CUSTOMERS WHO ARE CERTIFIED TO RECEIVE THE DISCOUNT THIS YEAR WILL BE REQUIRED TO RE-CERTIFY THEIR INCOME AND FAMILY SIZE PRIOR TO RECEIVING THE DISCOUNT IN FUTURE YEARS. SAWS AND THE CITY OF SAN ANTONIO WILL PROVIDE INFORMATION TO CUSTOMERS WHEN IT IS TIME TO RE-APPLY FOR THIS DISCOUNT. THE DISCOUNT RANGES FROM \$3.00 TO \$8.00 PER MONTH AND IS BASED ON TOTAL HOUSEHOLD INCOME AND SIZE.

PLEASE MAIL OR FAX APPLICATION TO:

COMMUNITY ACTION DIVISION
115 PLAZA DE ARMAS #150
SAN ANTONIO, TX 78205
FAX: (210) 207-7843

Client Name: _____
Last First Middle

D.O.B: ____/____/____ SSN: ____-____-____

Address: _____ TX 78 _____ Phone: _____
House Number Street Name

Family Member Information:

#	NAMES (Last Name, First Name)	Relationship	Date Of Birth
1			
2			
3			
4			
5			
6			

Number of Household Members: _____ City Resident (circle one): Yes No

SAWS Account Number (if known) ____ - ____ - ____ - ____

Council District (if known): _____ Census Tract (if known): _____

Date: _____ Caseworker: _____

Intake Site (circle one): Delegate Agency CAP-E CAP-W Fair Housing S&I Dwyer CRD E&DS
Literacy Services Youth Services YO! SAEP

Gross Monthly Household Income: \$ _____ Annual Income \$ _____

CERTIFICATION & RELEASE STATEMENT: I, _____ (Print Client's Name)
am applying for the San Antonio Water System Affordability Discount Program. I hereby certify that the
information provided on this application is true to the best of my knowledge and belief. If I meet eligibility
requirements, I authorize the City of San Antonio and the San Antonio Water System to use the information I have
provided on this application to enroll me into the Affordability Discount Program. I also authorize the City Of San
Antonio and the San Antonio Water System to maintain the information I have provided in this application so that
my eligibility for future Affordability Discount Programs can be determined.

(Client's Signature and Date)

DECLINE STATEMENT: I, _____ (Print Client's Name) decline
to apply for the San Antonio Water System Affordability Discount Program.

(Client's Signature and Date)

Agency or Organization Name: _____ Date: _____

Agency or Organization Caseworker/Staff Signature: _____